

**North Carolina Department of Health and Human Services**

**Division of Mental Health, Developmental  
Disabilities, and Substance Abuse Services**

**2004-2005 Performance  
Agreements with  
Area Authorities and County  
Programs**

**Report on the Second Quarter**

October 1, 2004 - December 31, 2004

Prepared by

**Quality Management Team  
Community Policy Management Section  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



February-2005

**2004-2005 Performance Agreement  
Second Quarter Report  
October 1, 2004 - December 31, 2004**

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## **Introduction**

### **Background**

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2004-2005 is the sixth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-area comparisons.

### **This is the second quarter report under the 2004-2005 Performance Agreements.**

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the fourth quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

### **Appeal Process**

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Michael Moseley, Director  
North Carolina DMH/DD/SAS  
3001 Mail Service Center  
Raleigh, NC 27699-3001

## 2004-2005 Performance Agreement Report Schedule

*The table below shows which requirements will be reported by quarter or otherwise.*

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
<b>A. Fiscal Management</b>	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.	<b>As Needed</b> This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		a. Quarterly Fiscal Monitoring Reports	X	X	X	X
		b. Cost Finding Report		X		
		c. Quarterly Local Business Plan (LBP) updates	X	X	X	X
		d. Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		e. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		f. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
		g. TANF/Work First Initiative Quarterly Reports	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
<b>B. Accountability</b>	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		a. Client Data Warehouse (CDW)	X	X	X	X
		b. NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		c. Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		d. Complete the NC SNAP				X
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
<b>D. Service Delivery</b>	1	Offer an appointment to see individuals who choose the AA/CP for follow-up care within five (5) working days after notification to the AA/CP of discharge from state hospitals and ADATCs. If the individual does not attend the appointment (i.e., no show), the AA/CP will document that reasonable professional efforts were made to see or reschedule the person. Adult Mental Health and Substance Abuse Services				X

### 2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
<b>A. Fiscal Management</b>	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
	a	Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	b	Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	c	Quarterly Report Local Business Plan	Dick Oliver, LME Systems Performance Team	(919) 715-1294 Dick.Oliver@ncmail.net	LME Systems Performance Team 3015 Mail Service Center Raleigh, NC 27699-3015
	d	Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Maxine Terry, Accountability Team	(919) 881-2446 Maxine.Terry@ncmail.net	Accountability Team Mail Service Center 3012 Raleigh, NC 27699-3012
	e	Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	TANF/Work First Initiative	Smith Worth, Quality Management Team	(919) 733-0696 Smith.Worth@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	h	IPRS Submissions	Deborah Merrill Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	NA , Information Systems Team	(919) 715-7774 NA	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019

### 2004-2005 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
<b>B. Accountability</b>	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	3	Submit timely and complete client data reports:			
	a	Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
	b	Client Outcomes Instrument (COI)	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	c	NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail.net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	d	Participate in the Developmental Disabilities Core Indicator Project	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	e	Local Community Collaboratives will submit CTSP waiting list data	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Complete the NC SNAP	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
<b>E. Service Delivery</b>	1	Offer appointment to see individuals who choose the Area Authority/County Program for follow-up care within 5 working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATCs			
	a	Adult Mental Health	Bonnie Morrell, Best Practices Team	(919) 715-2774 Bonnie.Morrell@ncmail.net	Best Practices Team 3005 Mail Service Center Raleigh, NC 27699-3005
	b	Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.Baker1@ncmail.net	State Operated Services 3006 Mail Service Center Raleigh, NC 27699-3006

**2004-2005 Performance Agreement**  
**Second Quarter Report**  
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**Fiscal Management 1 - Maintain Responsible Practices**

**Performance Requirement:** Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

<p style="text-align: center;"><b>This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2</b></p>
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**Fiscal Management 2 - Quarterly Fiscal Monitoring Report**

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the first quarter FY 2004-2005.

A P/County	1st Qtr FY 04-05 Report Received	2nd Qtr FY 04-05 Report Received	3rd Qtr FY 04-05 Report Received	4th Qtr FY 04-05 Cash-Basis Report Received	4th Qtr FY 04-05 Accrual- Basis Report Received	Comments
Alamance-Caswell						
Albemarle						
Catawba						
CenterPoint						
CrossRoads						
Cumberland						
Eastpointe						
Durham						
Edgecombe-Nash						
Foothills						
Guilford						
Johnston						
Lee-Harnett						
Mecklenburg						
Neuse						
New River						
Onslow						
Orange-Person-Chatham						
Pathways						
Piedmont (Davidson)						
Pitt						
RiverStone						
Roanoke-Chowan						
Rockingham						
Sandhills						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland						
VGFW						
Western Highlands						
Wake						
Wilson-Greene						

First Quarter  
reports are  
due the end  
of the month  
following the  
quarter  
(1/31/05)

First Quarter  
reports were  
due 1/31/05 but  
were not  
submitted for  
the First  
Quarter



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**Fiscal Management 2 - Cost Finding Report**

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Cost Finding Report**

**Explanation:** This report lists Area Programs status regarding submission of required cost findings for the fiscal year ending June 30, 2004, due November 15, 2004.

Area Program/County	Cost Finding Received	Date Cost Finding Received by Regional Accountant	Comments
Alamance-Caswell	01/26/05		
Albemarle	01/19/05		
Catawba	01/17/05		
CenterPoint	01/25/05		
Crossroads	01/14/05		
Cumberland	02/04/05		
Durham	01/18/05		
Eastpointe	01/14/05		
Edgecombe-Nash	01/11/05		
Foothills	01/25/05		
Guilford	01/26/05		
Johnston	01/18/05		
Lee-Harnett	01/10/05		
Mecklenburg			extension granted 2/17/05
Neuse	01/20/05		
New River	01/21/05		
Onslow	01/31/05		
Orange-Person-Chatham	01/19/05		
Pathways	01/15/05		
Piedmont (Davidson)	01/19/05		
Pitt	01/21/05		
RiverStone			extension granted 2/17/05
Roanoke-Chowan	01/14/05		
Rockingham			extension granted 2/11/05
Sandhills			extension granted 3/1/05
Smoky Mountain	01/18/05		
Southeastern Center	12/15/04		
Southeastern Regional	01/14/05		
Tideland	01/18/05		
VGFW	01/24/05		
Wake	02/09/05		
Western Highlands			extension granted 3/31/05
Wilson-Greene	01/19/05		

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Second Quarterly LBP Update Tracking Report  
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## Fiscal Management 2 - Local Business Plan (LBP) Updates

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Local Business Plan (LBP) Updates.

Explanation: This report lists area authorities/county programs that submitted a quarterly LBP update as required.

Area Authority/County Program	July	October	January	April	Comments
Alamance-Caswell	X	X	X		
Albermarle	X	X	X		
Catawba	X	X	X		
Centerpoint	X	X			
Crossroads	X	X	X		
Cumberland	X	X	X		
Durham		X			
Edgecombe-Nash/Wilson-Greene	X	X	X		
Eastpointe		X	X		
Foothills	X	X			
Guilford	X	X	X		
Johnston	X	X	X		
Lee-Harnett	NO QTRLY DUE	NO QTRLY DUE	NO QTRLY DUE		
Mecklenburg	X	X	X		
Neuse	X	X	X		
New River	X	X	X		
Onslow	X	X	X		
Orange-Person-Chatham	X	X	X		
Pathways	X	X	X		
Piedmont	X	X	X		
Pitt	X	X	X		
Riverstone					
Roanoke-Chowan	X	X	X		
Rockingham	NO QTRLY DUE	X			
Sandhills Center	X	X	X		
Smoky Mountain	X	X			
Southeastern Center	X	X	X		
Southeastern Regional	X	X	X		
Tideland	X	X			
VGFW	X	X	X		
Wake	X	X	X		
Western Highlands Network	X	X	X		

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**Fiscal Management 2 - Medicaid Audit Reports & Paybacks**

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit.

Information on this performance requirement can be accessed by visiting the Division web site at <http://www.dhhs.state.nc.us/mhddsas>.

Select the links to **Publications**  
Select Accountability Reports  
Select the desired Audit Report.

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**Fiscal Management 2 - SA/Juvenile Justice Initiative Quarterly Report**

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs <b>Meeting</b> Criterion	<b>Meeting</b> Criterion Reflected by Date or 'Y'	25 (83.3%)	24 (80%)			21 (70%)	19 (63.3%)			26 (86.7%)	24 (80%)		
# and % of Area Programs <b>Not Meeting</b> Criterion	<b>Not Meeting</b> Criterion Reflected by 'None' or 'N'	5 (16.7%)	6 (20%)			9 (16.4%)	11 (20%)			4 (7.3%)	6 (10.9%)		
Alamance-Caswell	MAJORS	10/20/04	1/27/05			Yes	No			Yes	Yes		
Albemarle	Multi-Purpose GH	None	1/28/05			No	No			No	Yes		
CenterPoint	Juvenile Detention	None	1/7/05			No	Yes			Yes	Yes		
	MAJORS	10/20/04	1/15/05			Yes	Yes			Yes	Yes		
Cumberland	Juvenile Detention	10/20/04	1/18/05			Yes	Yes			Yes	Yes		
	MAJORS	10/20/04	1/18/05			Yes	Yes			Yes	Yes		
Durham	Juvenile Detention	10/20/04	None			Yes	No			Yes	No		
	MAJORS	None	None			No	No			No	No		
Eastpoint	Youth Develop. Ctr.	10/8/04	1/18/05			Yes	Yes			Yes	Yes		
	Multi-Purpose GH	10/18/04	1/4/05			Yes	Yes			Yes	Yes		
Foothills	Juvenile Detention	10/20/04	1/25/05			Yes	No			Yes	Yes		
Guilford	Juvenile Detention	<b>12/8/04</b>	1/20/05			No	Yes			Yes	Yes		
	MAJORS	10/18/04	1/20/05			Yes	Yes			Yes	Yes		
Mecklenburg	Juvenile Detention	9/13/04	1/14/05			Yes	Yes			Yes	Yes		
Neuse	Multi-Purpose GH	None	None			No	No			No	No		
	MAJORS	10/20/04	1/25/05			Yes	No			Yes	Yes		
Pathways	Juvenile Detention	None	None			No	No			No	No		
Pitt	Juvenile Detention	10/19/04	1/27/05			Yes	No			Yes	Yes		
	MAJORS	10/15/04	1/18/05			Yes	Yes			Yes	Yes		
Roanoke-Chowan	Multi-Purpose GH	10/20/04	None			Yes	No			Yes	No		
Rockingham	MAJORS	10/19/04	1/20/05			Yes	Yes			Yes	Yes		
Sandhills	Juvenile Detention	10/20/04	1/18/05			Yes	Yes			Yes	Yes		
	Youth Develop. Ctr.	10/20/04	1/18/05			Yes	Yes			Yes	Yes		
	MAJORS	10/20/04	1/18/05			Yes	Yes			Yes	Yes		
SE Center	Juvenile Detention	10/11/04	1/20/05			Yes	Yes			Yes	Yes		
SE Regional	Multi-Purpose GH	10/18/04	1/18/05			Yes	Yes			Yes	Yes		
Tideland	MAJORS	10/20/04	1/20/05			Yes	Yes			Yes	Yes		
V-G-F-W	Youth Develop. Ctr.	<b>1/14/05</b>	None			No	No			Yes	No		
Wake	Juvenile Detention	10/22/04	1/19/05			No	Yes			Yes	Yes		
	MAJORS	10/22/04	1/19/05			No	Yes			Yes	Yes		
Western Highlands	Juvenile Detention	None	1/25/05			Yes	No			Yes	Yes		
	Youth Develop. Ctr.	None	1/25/05			Yes	No			Yes	Yes		
	BRIDGE Program	None	1/25/05			Yes	No			Yes	Yes		

\* Report revisions are designated in **bold and italics** and based on data received after the last Performance Agreement Quarterly Report.

**2004-2005 Performance Agreement  
Mid-Year Report  
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**Fiscal Management 2 - SAPTBG Compliance Report**

**Performance Requirement**

dates in acceptable quality and comply with all the performance indicators that are tracked in the reports:

**Semi-Annual SAPTBG Compliance Report: Mid-Year and Year-End**

AREA PROGRAM	Criterion 1		Criterion 2		Criterion 3		Criterion 4		
	Receipt of Report from Area Program (Date Received)		Timeliness of Receipt of Report (Yes/No)		Completeness of Report (Yes/No)		Compliance With 48 Hour Per Report Period Synar Activity (Yes/No)		
	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Combined
# and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes")	28 (87.5%)		22 (68.8%)		25 (78.1%)		20 (62.5%)		
# and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No")	4 (12.5%)		10 (31.3%)		7 (21.9%)		12 (37.5%)		
Alamance-Caswell	1/26/05		No		Yes		Yes		
Albemarle	1/26/05		No		Yes		Yes		
Catawba	None		No		No		No		
CenterPoint	1/20/05		Yes		Yes		Yes		
Crossroads	1/31/05		No		Yes		No		
Cumberland	1/19/05		Yes		Yes		Yes		
Durham	1/20/05		Yes		Yes		No		
EastPointe	1/12/05		Yes		Yes		Yes		
Edgecombe-Nash	1/20/05		Yes		Yes		Yes		
Foothills	1/20/05		Yes		Yes		No		
Guilford	1/14/05		Yes		Yes		Yes		
Johnston	None		No		No		No		
Lee-Harnett	1/20/05		Yes		Yes		Yes		
Mecklenburg	1/20/05		Yes		Yes		Yes		
Neuse	1/18/05		Yes		Yes		Yes		
New River	1/20/05		Yes		Yes		No		
Onslow	1/20/05		Yes		Yes		Yes		
Orange-Person-Chatham	1/20/05		Yes		Yes		Yes		
Pathways	1/25/05		No		No		No		
Pitt	1/20/05		Yes		Yes		Yes		
Riverstone	1/20/05		Yes		Yes		Yes		
Roanoke-Chowan	1/20/05		Yes		Yes		No		
Rockingham	None		No		No		No		
Sandhills Center	1/20/05		Yes		Yes		Yes		
Smoky Mountain	None		No		No		No		
Southeastern Center	1/20/05		Yes		Yes		Yes		
Southeastern Regional	1/19/04		Yes		Yes		Yes		
Tideland	1/31/05		No		No		Yes		
V-G-F-W	1/20/05		Yes		Yes		Yes		
Wake	1/20/05		Yes		Yes		Yes		
Western Highlands	1/26/05		No		No		No		
Wilson-Greene	1/18/05		Yes		Yes		No		

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## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **TANF/Work First Initiative Quarterly Reports**

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs <b>Fully Meeting</b> Each Criterion (100% Score)	32 or 97%	32 or 97%	32 or 97%	
# of Area Programs <b>Not Fully Meeting</b> Each Criterion (< 100% Score)	1 or 3%	1 or 3%	1 or 3%	
Alamance-Caswell	100%	100%	100%	
Albemarle	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Crossroads	100%	100%	100%	
Cumberland	100%	100%	100%	
Durham	100%	100%	100%	
Eastpointe	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Foothills	100%	100%	100%	
Guilford	100%	100%	100%	
Johnston	100%	100%	100%	
Lee-Harnett	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Neuse	100%	100%	100%	
New River	100%	100%	100%	
Onslow	100%	100%	100%	
OPC	100%	100%	100%	
Pathways	100%	100%	100%	
Pitt	100%	100%	100%	
Riverstone (Halifax)	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	100%	100%	100%	
S E Regional	100%	100%	100%	
Sandhills	100%	100%	100%	
Smoky Mountain	100%	100%	100%	
Southeastern Area	100%	100%	100%	
Tidelands	0%	0%	0%	
VGFW	100%	100%	100%	
Wake	100%	100%	100%	
Western Highlands	100%	100%	100%	
Wilson-Greene	100%	100%	100%	

## Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the Community Policy Management Section to the attention of Smith Worth, Quality Management Team, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Smith Worth at (919) 715-2774.

### SFY 04-05 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2004 - September 30, 2004	Due Date: October 20, 2004
Quarter 2: Report Period: October 1, 2004 - December 31, 2004	Due Date: January 20, 2005
Quarter 3: Report Period: January 1, 2005 - March 31, 2005	Due Date: April 20, 2005
Quarter 4: Report Period: April 1, 2005 - June 30, 2005	Due Date: July 20, 2005

## Performance Agreement: Work First/Substance Abuse Quarterly Report

The CPM Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

### **Criterion 1: Receipt of Report by State Office**

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criteria is reflected in a score of less than 100%.

Timeliness of report receipt will be determined on the basis of whether submission to Smith Worth in the CPM Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Smith.Worth@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Smith Worth at (919) 715-3604 by 5:00 PM on due date, with verbal confirmation by the program with Smith Worth at (919) 733-0696 of actual report receipt

**Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100

\*\*\*Note: If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the CPM Section if received by 5:00 PM on the immediate following business day.

### **Criterion 3: Completeness of Report Submission**

Completeness of report submission will be determined on the basis of submission to the CPM Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Community Policy Management Section by April 29, 2004. Corrective Action(s) are to be directed to the attention of Smith Worth, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Smith Worth at (919) 715-2774.

## Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the CPM Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Smith Worth no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Smith Worth after consultation with State office staff.

**Accountability 1  
Alamance-Caswell**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				No data submission to the CDW for Quarter 1 (August, & September)
04-05 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 28, 2005.	Data Operations Branch	3/31/05				No data submission to the CDW for Quarter 2 (October, November & December).
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.



**Accountability 1  
Albemarle**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05	1/1/05		1/1/05	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the multi-purpose group home within 30 days of December 1, 2004.	Quality Management	1/1/05				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the multi-purpose group home.

**Accountability 1  
Catawba**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of Semi-Annual Report, 7/1/04 - 12/31/04 to Quality Management.

**Accountability 1  
CenterPoint**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Diagnoses Exceeds 10% (Principal, Primary).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile detention center within 30 days of December 1, 2004.	Quality Management	1/1/05	10/22/04		10/22/04	SA/JJ Initiative Quarterly Report, July 1, 2004- September 30, 2004, for the juvenile detention center was submitted to the Quality Management Team.
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.

## Accountability 1 Crossroads

### Corrective Actions as of the End of the Second Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05	12/22/04		1/1/05	No data submission to the CDW for Quarter 1 (September)
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05	12/22/04			Missing Substance Abuse Data Exceeds 10% ( UFDS).
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.

**Accountability 1  
Cumberland**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
Durham**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective Action</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow- up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the MAJORS program within 30 days of December 1, 2004.	Quality Management	1/1/05				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the MAJORS program.
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit the Second Quarter Report for the MAJORS program within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of SA/JJ Initiative Quarterly Report, October 1, 2004-December 31, 2004, for the MAJORS program.

**Accountability 1  
EastPointe**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Diagnoses Exceeds 10% (Principal, Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
04-05 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 28, 2005.	Data Operations Branch	3/31/05				No data submission to the CDW for Quarter 2 (December - Wayne County Only)

**Accountability 1  
Edgecombe-Nash**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.



## Accountability 1 Foothills

### Corrective Actions as of the End of the Second Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 28, 2005.	Data Operations Branch	3/31/05				Missing Required Data Fields Exceeds 10% (Ability to Pay).

**Accountability 1  
Guilford**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile detention center within 30 days of December 1, 2004.	Quality Management	1/1/2005	12/8/2004		12/8/2004	SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center was submitted to the Quality Management Team.

**Accountability 1  
Johnston**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of Semi-Annual Report, 7/1/04 - 12/31/04 to Quality Management.

**Accountability 1  
Lee-Harnett**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

**Accountability 1  
Mecklenburg**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Diagnoses Exceeds 10% (Principal, Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Required Data Fields Exceeds 10% (Competency Status).

**Accountability 1  
Neuse**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the multi-purpose group home within 30 days of December 1, 2004.	Quality Management	1/1/2005				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the multi-purpose group home.
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/2005				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit Second Quarter Report for the multi-purpose group home within 30 days of March 1, 2005.	Quality Management	3/31/2005				No submission of SA/JJ Initiative Quarterly Report, October 1, 2004-December 31, 2004, for the multi-purpose group home.

**Accountability 1  
New River**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
Onslow**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective Action</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow-up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.



**Accountability 1  
Orange-Person-Chatham**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

## Accountability 1 Pathways

### Corrective Actions as of the End of the Second Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Diagnoses Exceeds 10% (Principal).
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the juvenile detention center within 30 days of December 1, 2004.	Quality Management	1/1/05				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the juvenile detention center.
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit Second Quarter Report for the juvenile detention center within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of SA/JJ Initiative Quarterly Report, October 1, 2004-December 31, 2004, for the juvenile detention center.

**Accountability 1  
Piedmont**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	No data submission to the CDW for Quarter 1 (July, August, & September) (NOTE: Due to problems with file submission.)
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the MAJORS program within 30 days of December 1, 2004.	Quality Management	1/1/05				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the MAJORS program..
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the youth development center within 30 days of December 1, 2004.	Quality Management	1/1/05				No submission of SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the youth development center.

**Accountability 1  
Pitt**

**Corrective Actions as of the End of the Secpnd Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Diagnoses Exceeds 10% (Principal).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of December 1, 2004.	Data Operations Branch	1/1/05				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

**Accountability 1  
Roanoke-Chowan**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Diagnoses Exceeds 10% (Principal & Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

**Accountability 1  
Rockingham**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/31/04	3/5/04			No submission of Semi-Annual Report, 7/1/03- 12/31/03 to Quality Management.
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of Semi-Annual Report, 7/1/04 - 12/31/04 to Quality Management.
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.

## Accountability 1 Sandhills

### Corrective Actions as of the End of the Second Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Diagnoses Exceeds 10% (Principal & Primary).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Required Data Fields Exceeds 10% (EAP Code).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05			1/1/05	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).



## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the Second Quarter 2004-2005

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of Semi-Annual Report, 7/1/04 - 12/31/04 to Quality Management.
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.

**Accountability 1  
Southeastern Center**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
Southeastern Regional**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
Tideland**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).
04-05 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 28, 2005.	Data Operations Branch	3/31/05				Missing Required Data Fields Exceeds 10% (Ability to Pay).

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).
04-05 Performance Agreement 2nd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Second Quarter 04-05 CTSP Waitlist information within 30 days of February 28, 2005.	Quality Management	3/31/05				No data submission to Quality Management for Second Quarter, October 1, 2004 - December 31, 2004.
04-05 Performance Agreement 1st Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit First Quarter Report for the youth development center within 30 days of December 1, 2004.	Quality Management	1/1/05	12/13/04			SA/JJ Initiative Quarterly Report, July 1, 2004-September 30, 2004, for the first quarter was submitted for the youth development center.
04-05 Performance Agreement 2nd Quarter	Fiscal Management 2 (04-05 Sa/JJ Initiative Quarterly Report). Required Corrective Action is to submit the Second Quarter Report for the youth development center within 30 days of February 28, 2005.	Quality Management	3/31/05				No submission of the SA/JJ Initiative Quarterly Report, October 1, 2004-December 31, 2004, for the youth development center.

**Accountability 1  
Wake**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
Western Highlands**

**Corrective Actions as of the End of the Second Quarter 2004-2005**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/04				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05				Missing Diagnoses Exceeds 10% (Principal).
04-05 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days December 1, 2004.	Data Operations Branch	1/1/05				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).

**2004-2005 Performance Agreement  
Second Quarter Report  
October 1, 2004 - December 31, 2004**

**Accountability 3**

**Performance Requirement**

**clients as specified: Client Data Warehouse (CDW)**

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of January 24, 2005

Area Program/County	Facility Code	OCT	NOV	DEC	Second Quarter Adm 05	Second Quarter Adm 04	Monthly Average 05	Monthly Average 04
Alamance-Caswell	23051	0	0	0	0	0	0	0
Albemarle	43121	140	114	110	364	383	121	128
Catawba	13091	128	86	31	245	550	82	183
CenterPoint	23021	376	367	276	1,019	942	340	314
CrossRoads	23011	284	237	207	728	819	243	273
Cumberland	33051	297	273	245	815	628	272	209
EastPointe	43081	191	163	141	495	23	165	8
Durham	23071	178	169	66	413	352	138	117
Edgecombe-Nash	43051	137	114	95	346	0	115	0
Foothills	13051	133	115	77	325	140	108	47
Guilford	23041	408	328	199	935	1,204	312	401
Johnston	33071	123	175	146	444	381	148	127
Lee-Harnett	33061	83	96	70	249	254	83	85
Mecklenburg								
Carolina Medic	13101	967	1390	1330	3,687	807	1229	269
Child Dev. Disabilities	13102	4	0	0	4	463	1	154
Neuse	43071	90	88	45	223	267	74	89
New River	13030	199	167	88	454	333	151	111
Onslow	43021	112	96	53	261	187	87	62
Orange-Person-Chatham	23061	134	133	108	375	0	125	0
Pathways	13081	391	328	302	1,021	1,073	340	358
Pitt	43091	134	40	21	195	444	65	148
RiverStone	43061	41	54	29	124	164	41	55
Roanoke-Chowan	43101	86	76	34	196	202	65	67
Rockingham	23031	105	116	88	309	294	103	98
Sandhills	33031	317	340	129	786	526	262	175
SE Center	43011	254	233	225	712	672	237	224
SE Regional	33041	172	170	138	480	342	160	114
Smoky Mountain	13010	317	278	238	833	705	278	235
Tideland	43111	186	146	112	444	463	148	154
V-G-F-W	23081	88	100	43	231	120	77	40
Wake	33081	204	183	154	541	648	180	216
Wayne	43031	77	52	0	129	255	43	85
Western Highlands	13131	597	476	390	1,463	521	488	174
Wilson-Greene	43041	58	58	41	157	180	52	60
<b>TOTAL ADMISSIONS</b>		<b>7,011</b>	<b>6,761</b>	<b>5,231</b>	<b>19,003</b>	<b>14,342</b>	<b>6,334</b>	<b>4,781</b>



**2004-2005 Performance Agreement  
Second Quarter Report  
October 1, 2004 - December 31, 2004**

**Accountability 3**

**Performance Requirement: Submit timely and complete client data reports for all clients as specified:  
Client Data Warehouse(CDW) - Missing Required Fields in the CDW - Not to exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 Jul-Sep 2004 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 1.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	3%	0%	0%	6%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	1%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
EastPointe	408	0%	1%	0%	0%	0%	0%	0%	0%
Durham	207	0%	8%	0%	0%	0%	0%	0%	0%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	15%	2%	0%	3%	0%	0%	0%
Guilford	204	0%	1%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	4%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	2%	7%	0%	0%	5%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	100%	0%	0%	0%	100%	100%	100%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%
RiverStone	406	0%	4%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	5%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	12%	0%	0%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%	0%
Western Highlands	113	0%	0%	1%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	4%	0%	0%	0%	0%	0%	0%

**2004-2005 Performance Agreement  
Second Quarter Report  
October 1, 2004 - December 31, 2004**

**Accountability 3**

**Performance Requirement: Unknown Values in Mandatory Fields in the CDW-  
Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with unknown values in mandatory data fields.

**Percentage Unknown Quarter 1 (Jul-Sept 2004)**

<b>Area Program/County</b>	<b>AREA CODE</b>	<b>COUNTY</b>	<b>RACE</b>	<b>ETHNICITY</b>	<b>GENDER</b>	<b>MARITAL STATUS</b>
Alamance-Caswell	205	0%	1%	4%	0%	4%
Albemarle	412	0%	4%	4%	0%	0%
Catawba	109	0%	0%	1%	0%	0%
CenterPoint	202	0%	0%	0%	0%	1%
Crossroads	201	0%	1%	1%	0%	1%
Cumberland	305	0%	2%	0%	0%	0%
EastPointe	413	0%	0%	0%	0%	4%
Durham	207	0%	0%	1%	0%	2%
Edgecombe-Nash	405	0%	0%	4%	0%	0%
Foothills	105	0%	0%	3%	0%	1%
Guilford	204	0%	0%	0%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	4%
Mecklenburg	110	0%	0%	2%	0%	0%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	1%
Piedmont	112	0%	3%	6%	2%	7%
Pitt	409	1%	1%	0%	0%	3%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	2%	0%	0%	1%
Rockingham	203	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	3%	0%	2%
SE Center	401	0%	1%	5%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%
Tideland	411	0%	0%	1%	0%	0%
V-G-F-W	208	0%	0%	1%	0%	0%
Wake	308	0%	0%	0%	0%	1%
Wayne	403	0%	2%	3%	0%	2%
Western Highlands	113	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

**2004-2005 Performance Agreement  
Second Quarter Report  
October 1, 2004-December 31, 2004**

**Accountability 3 - CTSP Waiting List**

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	No
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	No
Crossroads	No
Cumberland	Yes
Davidson	Yes
Duplin-Sampson-Lenoir	Yes
Durham	Yes
Eastpointe	Yes
Edgecombe-Nash	No
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	No
New River	Yes
Onslow	No
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	No
Rutherford-Polk	Yes
Sandhills Center	Yes
Smoky Mountain	No
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	No
Wake	Yes
Western Highlands	Yes
Wilson-Greene	Yes

**2004-2005 Performance Agreement  
Second Quarter Report  
October 1, 2004 - December 31, 2004**

**Client Rights and Relations Report**

<b>Area Program/LME</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Alamance-Caswell	x		
Albemarle	x		
Catawba	x		
CenterPoint	x		
Crossroads	x		
Cumberland	x		
Durham		x	No submission of annual report
Eastpointe	x		
Edgecombe/Nash	x		
Foothills	x		
Guilford	x		
Johnston	x		
Lee-Harnett	x		
Mecklenburg	x		
Neuse	x		
New River	x		
Onslow	x		
Orange-Person-Chatham	x		
Pathways	x		
Piedmont-Davidson	x		
Pitt	x		
RiverStone	x		
Roanoke-Chowan	x		
Rockingham		x	No submission of annual report
Sandhills-Randolph	x		
Smoky Mountain	x		
Southeastern Center	x		
Southeastern Regional	x		
Tideland		x	No submission of annual report
Vance-Granville-Franklin-Warren	x		
Wake	x		
Western Highlands	x		
Wilson-Greene	x		